

REMARKS

Applicants thank the Examiner for pointing out the instances wherein the word “patient” was inadvertently spelled as “patent,” and appropriate corrections have been made to the appropriate paragraphs at page 9, line 8 and at page 11, line 9.

The Examiner has rejected claim 13 as failing to comply with the written description requirement. This claim is now canceled such that this issue is moot.

The Examiner kindly indicated that claim 12, with the limitations of claim 11, if presented in independent condition, might be considered for allowance. In response, Applicant has amended claim 8 to include the limitations of claim 11 and claim 12, and Applicant respectfully requests that the Examiner consider this newly presented claim 8 for allowance. Indeed, this claim should be allowable because it is unclear how the Smith or Holdt references cited by the Examiner teach or suggest a medical chair having a push bar that is pivotally attached to a radiolucent back rest to move between an operative position, wherein the push bar is used to maneuver the medical chair, and a storage position wherein the push bar does not compromise the radiolucent property of the radiolucent back rest. Indeed, it should be clear from a review of the figures in Smith and Holdt that elements of the push bars disclosed therein remain in the vicinity of the back rest, and would compromise the radiolucent property of Marquardt's chair. Additionally, there is no reason to alter Marquardt in the manner suggested inasmuch as there is no reason to place a push bar on a stationary chair that is fixedly positioned in radiographic machinery, such as Marquardt's. Applicant respectfully requests the Examiner reconsider claim 8, as amended, on the basis of the Examiner's indication that it might be allowable and, further, on the basis of the arguments presented herein above.

Claims 9 and 10 depend from claim 8, and should also be in condition for allowance.

Claims 1, 3, 4, 7 and 13 remain for consideration. Claim 1 is an independent claim, and it has been rejected as being obvious over Smith or Holdt in view of Marquardt. Claim 1 has been amended to include specifically that the base is supported on caster assemblies and wheels such that the medical chair is mobile, and this so distinguishes the

claimed medical chair from Marquardt, as to render the present independent claim allowable. Particularly, the prior art does not teach or suggest a mobile medical chair having a radiolucent back rest and leg support section that allows the chair to be configured to either a stretcher configuration or a seat configuration. Furthermore, the prior art does not teach or suggest such a medical chair (mobile, configurable between a stretcher and seat configuration, and having a radiolucent back rest) that is movable between the stretcher and seat configuration by a leg support actuator and back rest actuator both of which do not compromise the radiolucent property of the radiolucent back rest. This is very significant in that the medical chair now claimed significantly reduces the number of patient transfers necessary for transferring a patient from his/her room, more particularly, hospital bed, to the radiographic equipment, and then back to the hospital bed.

With the general well-known radiographic chairs such as Marquardt, it has been common for the patient to be x-rayed as follows: (1) a typical, non-radiolucent back rest stretcher is brought to the patient's bedside, (2) the chair is stretched out to the stretcher configuration and the patient is transferred thereto, (3) the patient is wheeled to a radiographic machine having a chair such as Marquardt's, (4) the patient is transferred to the chair for the radiographic procedure, (5) the radiographic procedure is performed, (6) the patient is transferred back to the mobile chair, (7) the patient is wheeled back to his hospital bed, (8) the chair is placed in the stretcher configuration and the patient is transferred back to the bed. Each one of these transfers (bed to mobile chair, mobile chair to radiographic machine chair, radiographic chair to mobile chair, mobile chair to bed) is potentially dangerous to the patient and/or hospital staff doing the transferring. Indeed, enclosed herein as attachment A is a printout of various data on patient transfer injuries, highlighting the need for the medical chair as claimed in claim 1.

Particularly, with the medical chair as in claim 1, having a radiolucent back rest and the ability to move from a stretcher to a chair configuration, it is possible to wheel the medical chair to the patient's bedside, transfer the patient to the chair, wheel the chair to the radiographic machine (or bring the machine to the patient, as will be explained more fully

below), position the patient in the chair, without any patient transfer to a separate radiograph chair, perform the radiographic procedure, and wheel the patient back to his or her bed. Notably, in such a procedure there has been only two patient transfers: one from the bed to the chair, and one from the chair back to the bed. The ability to lessen the number of patient transfers stems directly from the claimed elements of the medical chair as set forth in claim 1.

Although the Examiner contends that the chair of claim 1 would be obvious, if that were true, the market would have provided them already in light of the long felt need for a reduction in patient transfer injuries. This is further supported by testimonials received by Applicant, who has sold a significant number of medical chairs in the brief time that such chairs have been offered, and these chairs have, in all instances, been well received. Enclosed are attachments B, C and D, which are letters received from professionals that have employed the medical chair as claimed in claim 1. In attachment B, Larry Cherrison indicates that the chair “lends itself very well for use in bronchoscopy suite for bronchoscopic procedures, transporting patients and it works with C-arm fluoroscopy.” The C-arm fluoroscopy mentioned here is a portable-type radiographic machine, and the medical chair of claim 1 lends itself to use with such a machine, making it unnecessary to take the patient to a separate designated radiographic room having a stationary radiographic chair such as that shown in Marquardt. Notably, Mr. Cherrison has also indicated that the chair is very good for transporting patients.

In attachment C, Constance Guggeheimer specifically notes that the chair of this invention, when compared with other leading swallow chairs, is superior. It allows for “smooth transfer of patients from stretcher to [chair configurations] and then to the up-right positioning” and that this feature is a “relief and SAFE, SAFE, SAFE for both patients and staff.” Additionally, Mr. Guggenheimer notes that “[t]he remote control allows for quick and easy height adjustment when the chair is in the fluoromachine position--no need to crawl on the floor.” This specifically addresses some of the dependent subject matter in claims 3 and 4.

Sandy Price, in attachment D, notes that “[t]he chair makes transfers safer” and that “[t]he patient can be transferred straight to the chair reducing the number of transfers to

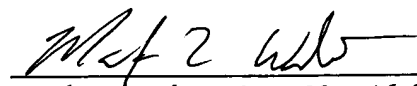
one.” She also indicates that the electric motorized automatic chair controls, which make positioning easy, are “unique.”

Attachment B mentions the “TransMotion Procedure Chair,” while attachments C and D both specifically mention the TransMotion TMM3 chair. In order to show that these chairs are the chair as claimed, Applicant also encloses a TMM3 spec sheet as attachment E.

Applicants have succeeded in providing a unique medical chair that has addressed long felt needs in the art, particularly with regard to patient transfer for radiographic procedures. The medical chair has been well received by the medical community, as evidenced by the enclosed attachments. The prior art cited by the Examiner does not teach or suggest the combination of features for a medical chair as claimed. Thus, reconsideration of all pending claims has been respectfully requested, and a Notice of Allowance is earnestly solicited. Should the Examiner wish to discuss any of the foregoing in greater detail, the undersigned attorney would welcome a telephone call to resolve any outstanding issues.

No new claims have been added and therefore no additional fees are believed due at this time. Nonetheless, in the event that a fee required for the filing of this document is missing or insufficient, the undersigned attorney hereby authorizes the Commissioner to charge payment of any fees associated with this communication or to credit any overpayment to Deposit Account No. 18-0987.

Respectfully submitted,



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Attorney for Applicant(s)

Dated: 6 October 2005

Patient Care Ergonomics a National Perspective

**Michael Hodgson, MD, MPH
Director,
Occupational Health Program
Veterans Health Administration**

CONCLUSIONS – WC Data

- Nurses contribute 42% of “new” cases but only 25% of old cases
- Nurses contribute 40% of new costs but less than 20% of “old” costs
- It is difficult to tease out injury, illness, and true cause of injury because of inadequate and misclassification

VHA PATIENT TRANSFER INJURIES 1999-2001

Location	Number		% in red			
	1999		2000		2001	
Back	210	36.0	503	43.8	646	30.3
Shoulder	86	14.7	179	15.6	240	11.3
Neck	22	3.8	50	4.4	76	3.6
Wrist	22	3.8	39	3.4	55	2.6
Elbow	9	1.5	8	0.7	22	1.0

BACK INJURIES: Injury by Event and Exposure

Type of incident	1999		2000		2001	
Lifting patients	210	35.8	503	40.5	646	41.0
Material Handling	74	12.6	161	13.0	228	14.5
Slips, trips, falls	85	14.5	175	14.1	252	16.0
Struck by/against	20	3.4	35	2.8	37	2.4
Cumulative trauma	35	6.0	35	2.8	43	2.7
Assault	27	4.6	22	1.8	27	1.7
Other	136	23.2	310	25.0	340	21.6

ASISTS 1999-2001

REPETITIVE STRAIN INJURIES: Occupational groupings at risk 2001

Occupation	Number	%
Nursing (RN, LPN)	291	25.8
MD, DO, DMD	13	1.2
Office staff	218	18.7
VHA Total	1126	
Medical costs	\$ 3,987,215.57	34.2
Compensation costs	\$ 7,678,531.98	65.8
Total	\$ 11,665,747.55	

WC-MIS 2001

Nursing injuries and patient transfer

- About 35% of nursing injuries are attributed to patient transfer
- Slips, trips and fall and repetitive strain injuries may similarly be related
- Such injuries are more expensive than others

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Larry Cherrison RRT
Supervisor
Pulmonary Diagnostics and Procedures

December 16, 2004

Ray Failor
President
TransMotion Medical

Dear Mr. Failor;

We have been very pleased with the TransMotion Procedure Chair we purchased from you. It lends itself very well for use in the bronchoscopy suite for bronchoscopic procedures, transporting patients and it works with C-Arm Fluoroscopy. It is durable, yet light weight and maneuverable. Thanks for designing such a great chair.

Best Regards;



Larry Cherrison
Supervisor
Pulmonary Diagnostics and Procedures

ATTACHMENT B

-----Original Message-----

From: constance guggenheimer [mailto:cefitzg@hotmail.com]

Sent: Monday, January 17, 2005 3:46 PM

To: Netta.Collins@HealthTrustpg.com

Cc: Randy.Donaldson@HealthTrustpg.com

Subject: TransMotion Medical : Model TMM3 Dysphagia Video-Fluoroscopy chair

Why do I like my TransMotion Medical TMM3 Dysphagia Video-Fluoroscopy Chair?
Let me
tell you why.

First of all, it can't be compared with our old chair, which is not motorized
and should have been donated to the Smithsonian a long
time ago.

After comparing the TransMotion TMM3 with other leading swallow chairs I
knew this is what I wanted and had to have it. The extra wide base gives
more stability and amazingly, it still fits between our upright Fluoro-table
and the tower (we have 18 inches). Furthermore, it accommodates the much
needed extra patient weight allowance.

The smooth transfer of patients from stretcher to the Chair and then to the
Up-right positioning with the motorized feature is a relief and SAFE, SAFE, SAFE
for both patients and staff. No back strain here. The remote control allows for quick and
easy height adjustment when the Chair is in the Fluoro machine position – no need to
crawl on the floor.

It is also easy to clean.

Thank You,

Constance Guggenheimer
Speech-Language Pathologist (SLP)

-----Original Message-----

From: BILL APPLGATE [mailto:Bill.Applegate@sanclementehospital.com]

Sent: Wednesday, January 12, 2005 2:56 PM

To: Gail Jennings

Cc: Al Bowen; Ray Failor

Subject: RE: San Clemente Hospital TMM3 Testimonial Request

Dear Gail,

Our speech pathologist, Sandy Price, provided the following testimonial:

"This top of the line MBS chair was priced comparatively with other less efficient products. The chair makes transfers safer. The patient can be transferred straight to the chair reducing the number of transfers to one. The unique Electric motorized automatic chair controls make positioning easy. I would highly recommend this product."

My own testimonial to add:

"Transmotion Medical was extremely helpful during the purchasing process of the TMM3 Dysphagia Video Fluoroscopy Chair. They allowed us a generous trial period to test out their product and provided us a flexible financing option. We truly appreciate their willingness to work with us."

Thanks again for your support.

Sincerely,

Bill Applegate

ARU Program Director

San Clemente Hospital & Medical Center

(949) 489-4562

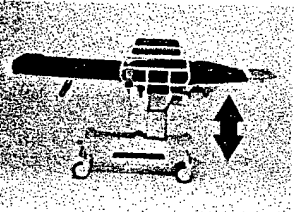
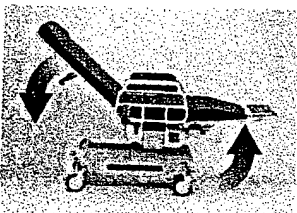
TRANSMOTION MEDICAL

Transcend TMM3

Video Fluoroscopy Swallow Study Treatment Chair

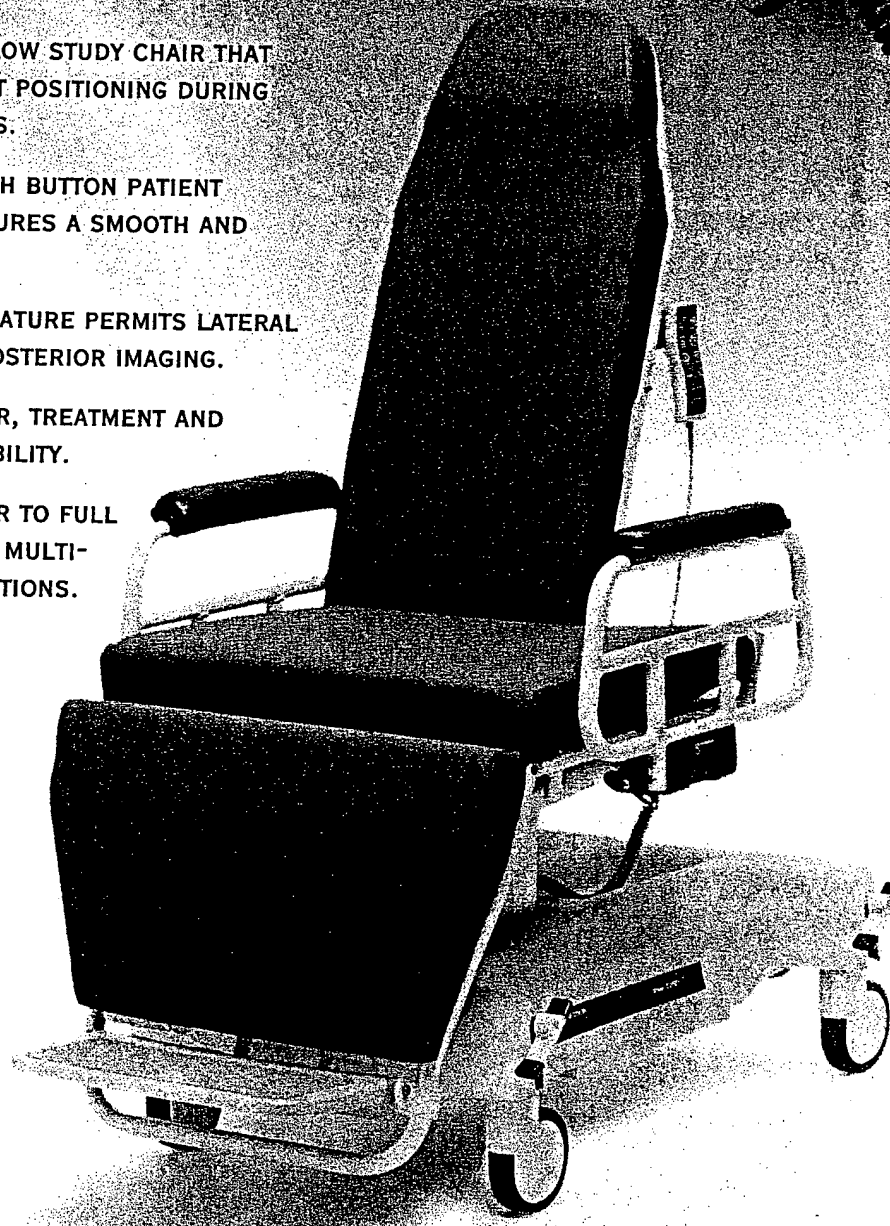
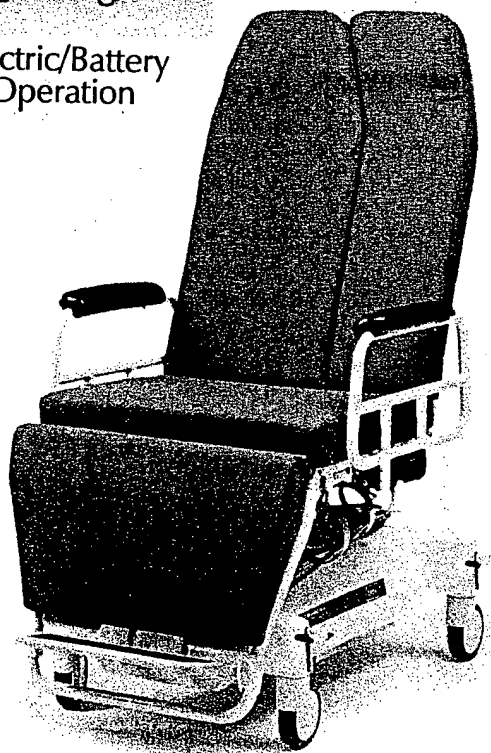
The TMM3 establishes a new benchmark with it's innovative motorized patient positioning that reduces the swallow study procedures time and increases your fluoroscopy suites productivity.

Infinite Positioning

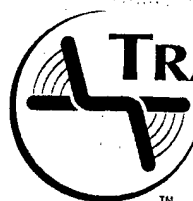


Electric/Battery
Operation

- THE ONLY SWALLOW STUDY CHAIR THAT ENABLES PATIENT POSITIONING DURING THE PROCEDURES.
- EFFORTLESS PUSH BUTTON PATIENT POSITIONING INSURES A SMOOTH AND SAFE OPERATION.
- 90° ROTATING FEATURE PERMITS LATERAL AND ANTERIOR-POSTERIOR IMAGING.
- PATIENT TRANSFER, TREATMENT AND TRANSPORT CAPABILITY.
- PROCEDURE CHAIR TO FULL WIDTH CHAIR FOR MULTI-PURPOSE APPLICATIONS.



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TRANSMOTION
MEDICAL INC.

Setting the new benchmark

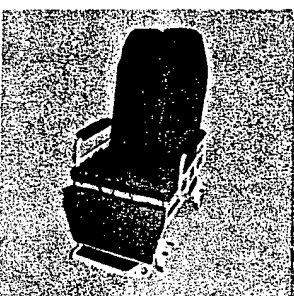
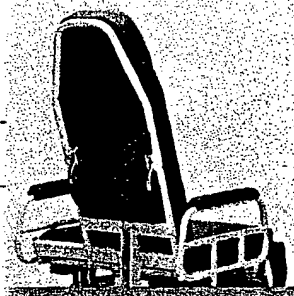
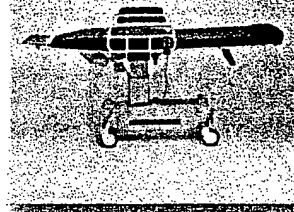
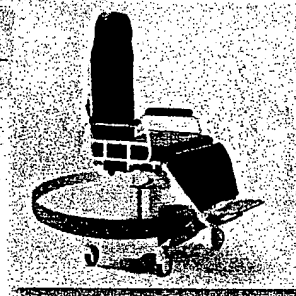
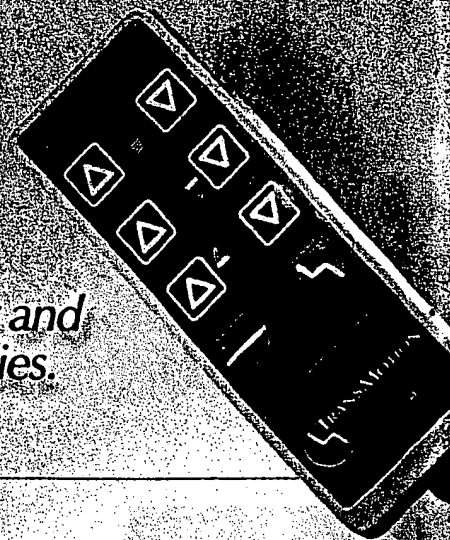
ATTACHMENT E

TRANSMOTION MEDICAL

The Transcend TMM3

The perfect solution for Radiology, Speech Pathology and Transport to perform Modified Barium Swallow Studies.

- EIGHT BUTTON HANDHELD PENDANT CONTROLS INFINITE POSITIONING OF THE BACKREST, LEG SECTION AND HEIGHT ADJUSTMENT. UNIQUE ONE BUTTON AUTO-CONTOUR FEATURE POSITIONS CHAIR TO ITS FULLY RECLINED STRETCHER POSITION
- STATE-OF-THE-ART BATTERY POWERED COMPONENTS PROVIDE SMOOTH OPERATION AND EXTENDED LIFE BETWEEN CHARGINGS
- HIGH MOBILITY FOUR WHEEL BRAKE AND STEER CASTER SYSTEM
- 90° ROTATING CHAIR SECTION PERMITS LATERAL AND ANTERIOR-POSTERIOR (AP) IMAGING
- FULL 24" WIDE SEATING SURFACE WITH MEMORY FOAM FOR ENHANCED PATIENT COMFORT DURING TREATMENT, TRANSPORT AND TRANSFER
- 15" WIDE X 30" LONG RADIOLUCENT BACKREST SPECIFICALLY DESIGNED TO ADAPT TO ALL RADIOGRAPHIC-FLUOROSCOPIC EQUIPMENT FOR MODIFIED BARIUM SWALLOW STUDIES
- SELF-STORING PUSH BAR THAT ENABLES SECURE PATIENT TRANSPORT AND UNOBSTRUCTED RADIOGRAPHIC IMAGING
- A LOWER SEAT HEIGHT AND PADDED SIDE RAILS THAT TUCK AWAY GREATLY INCREASE PATIENT COMFORT AND SAFETY DURING EGRESS TO AND FROM CHAIR
- AUTO-EXTENDING FOOT REST IMPROVES PATIENT COMFORT IN ALL POSITIONS
- MANUAL QUICK RELEASE BACKREST FOR EMERGENCY CPR FUNCTION
- ALL METAL SURFACES ARE POWDER COATED FOR A LONG DURABLE LIFE
- WIDE RANGE OF OPTIONAL ACCESSORIES ENABLES CUSTOMIZATION TO YOUR REQUIREMENTS
- IDEAL FOR PEDIATRIC PROCEDURES WITH OPTIONAL TUMBLE FORMS SEATING AND MOUNTING STRAPS



GENERAL SPECIFICATIONS – MODEL TMM3 & (TMM3E)

HEIGHT RANGE HIGH LOW	32-1/2" (82CM) 24-1/2" (62CM)	MAX PATIENT WEIGHT	350LBS (159KG)
PATIENT SEAT WIDTH	24" (61CM)	BACKREST ARTICULATION	0° TO 90°
PATIENT BACK WIDTH	15" (38CM)	SIDE RAIL	11" x 21" (28CM x 53CM)
PATIENT SURFACE LENGTH	73" (185CM)	ELECTRICAL SPECIFICATIONS	
OVERALL WIDTH	29" (74CM)	AMPERES	1.6
OVERALL CHAIR HEIGHT HIGH LOW	62" (157CM) 54" (137CM)	FREQUENCY	60HZ (50HZ)
		CURRENT	120V/24V (230V/24V)
		AMP HOURS	1.2



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